

Template Standard Operating Procedure For: Safe Handling of Prescription Forms in GP Practices

Name of Practice :	
Objective	<ul style="list-style-type: none"> To ensure GP Practices have a robust system in place to maximise the security of prescription forms against theft and abuse in the NHS
Scope	<ul style="list-style-type: none"> To cover all aspects of stock control, the stages of ordering, delivery, receipt, storage and distribution of GP and Nurse Prescriber prescription forms and the actions to be taken in the event of loss or theft of prescription forms
Target Group (Staff who are authorised to follow standard operating procedure)	<ul style="list-style-type: none"> All prescribers and all practice staff who are involved in the handling of prescriptions This document should only be circulated to members of staff in the target group, wider circulation may be of use to those who would misuse prescription forms
Cross reference related policies	<ul style="list-style-type: none"> NHS Wirral Safe Handling and Control of Medicines NHS Wirral Template Standard Operating Procedure for Handling of Controlled Drugs in GP Practice
Evidence to support procedure	<ul style="list-style-type: none"> Security of Prescription Forms Guidance <i>Business Services Authority February 2008</i> This document can be viewed at the following web site: http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/SecurityManagement/Security_of_prescription_forms_GUIDANCE_March_2011_FINAL.pdf

Procedure		
Activity	Rationale	Responsibility
1. Responsibility of PCT		
<ul style="list-style-type: none"> It is the responsibility of the Head of Medicines Management to oversee the handling of prescription forms throughout the PCT. The Head of Medicines Management is also the Accountable Officer for Controlled Drugs A Prescribing Adviser will deputise for the Head of Medicines Management in times of absence 	All Health Organisations are required to designate an appropriate member of staff to oversee this process	Head of Medicines Management
<ul style="list-style-type: none"> The Local Security Management Specialist (LSMS) will be responsible for investigation and advice regarding further action in the event of loss or theft of prescription forms. 	Secretary of State for Health Directions on Security 2003/04	LSMS
2. Pro-security Culture		
<ul style="list-style-type: none"> The theft and abuse of prescription forms is a major problem in the NHS resulting in unsupervised treatment of illness, feeding of addiction, financial loss to the NHS (of approximately 15 million pounds annually) and may contribute to violence and aggression. Prescription forms must be regarded as "blank cheques" which in the wrong hands would lead to a misuse of NHS resources. They can be stolen from a prescriber's bag, car or home or whilst being delivered. 	To ensure all staff work to reduce the possibility of theft, prescription fraud and follow safe practice.	All prescribers and all practice staff who are involved in the handling of prescriptions

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<ul style="list-style-type: none"> Professional advice on general security management matters (<i>such as access control, alarms and CCTV</i>) maybe sought from the LSMS (<i>Contact telephone numbers: 0151 651 0011 ext 1492, mobile No: 07717766162 or E:mail: philip.davies@wirralct.nhs.uk</i>) 	<p>The LSMS is trained and accredited in the management of security in the NHS</p>	<p>All PCT staff including contracted services</p>
3. Ordering Prescription		
<ul style="list-style-type: none"> All orders for GP prescriptions must be submitted on form FP30(P) All orders for Nurse prescriber prescriptions must be submitted on form FP30(PN) Forms should be faxed to Central Operations Mersey (COM) FAX No 0151 296 7189 All order details must also be recorded in a prescription form register. Details to be entered in the register are outlined in appendix 1 (See also section 6) Once the Head of Medicines Management has authorised issue of a private prescriber code, supplies of private prescriptions for Controlled Drugs FP10PCD forms are also ordered from COM (via a request made on headed note paper) and must be recorded in the same way 	<p>To maintain a clear audit trail that will enable immediate recognition of theft or fraud</p>	<p>Practice Manager or specific delegated person</p>
4. Transfer of Prescriptions to the Practice		
<ul style="list-style-type: none"> Deliveries of prescription forms will be transported to practices from COM by SRCL Courier Services The GP practice should be notified in advance of the date of delivery A list of serial numbers will be included with the delivery. 	<p>To ensure safe and secure delivery</p> <p>To enable staff receiving the order to check against prescriptions received</p>	<p>COM</p>
5. Receipt of Prescriptions		
<ul style="list-style-type: none"> A permanent member of staff must sign acknowledgement of receipt of the prescription order after checking all packaging is sealed and unbroken. The serial numbers must be thoroughly checked against both the original order and delivery note. If a list of serial numbers is not offered by the delivery driver this should be requested. The serial number on the prescription forms is positioned at the bottom of the form. The first 10 numbers are the serial number (these numbers run in sequence); the last (the 11th) character is a check digit and does not run in sequence) 	<p>Discrepancies are reported immediately to deter and prevent breaches of security. (see section 9) A check of the details of the delivery at the time of delivery will enable enquires to be made at the earliest opportunity</p>	<p>Nominated permanent member of practice staff Or nominated deputy who must also be a permanent staff member</p>

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<ul style="list-style-type: none"> • All of the above should, as far as possible, always be done away from public/patient view. Ideally, a drop off point for delivery vehicles should be as close as possible to the practice. • If there are any irregularities at delivery stage the driver should be asked to remain on site whilst the supplier is contacted • If the forms do not arrive on the due date, the practice should notify the suppliers of the missing prescription forms. 		
6. Records Kept in Practice		
<p><u>PRESRIPTION FORM REGISTER:</u> In line with National Guidance, NHS Wirral expects all practices to maintain a Prescription Form Register. Details that must be included are outlined in appendix 1 and appendix 2 of this document. This record can be paper based or ideally electronic to aid reconciliation and audit trailing.</p> <ul style="list-style-type: none"> • All order details should be entered at the time of order and include the date of order • All delivery details should be entered upon receipt of order and include: <ul style="list-style-type: none"> ○ The date of delivery ○ The name of the person accepting the delivery ○ The prescriber's name ○ What was received (quantity of pads and serial numbers) ○ Where it is being stored • All original orders, delivery notes and any supplied list of serial numbers should also be kept. • Records of serial numbers must be retained for at least three years. 	<p>To ensure any discrepancies are seen as soon as possible and can be acted upon.</p> <p>In the event of loss or theft, the record is immediately available so that the police, NHS Security Management Services, PCT and local pharmacies can be alerted of the relevant details</p>	<p>Practice Manager responsible but this maybe delegated to a nominated permanent member of practice staff or nominated deputy who must also be a permanent staff member</p>
<ul style="list-style-type: none"> • As prescriptions are issued or distributed within practice all details should be entered into the register including: <ul style="list-style-type: none"> ○ To whom they were issued ○ When they were issued ○ The number of prescriptions issued ○ The serial numbers of the prescriptions issued (first and last in pad) 		<p>Practice Manager responsible but this maybe delegated to a nominated permanent member of practice staff or nominated deputy who must also be a permanent staff member</p>
<ul style="list-style-type: none"> • When prescriptions are returned for destruction, or destroyed following a prescriber leaving practice, details should be entered into the register including. <ul style="list-style-type: none"> ○ The date returned & the date destroyed ○ The serial numbers of the prescriptions (if a part used pad then 1st and last remaining prescription serial numbers should be recorded) ○ Who destroyed the pads 		<p>Practice Manager responsible but this maybe delegated to a nominated permanent member of practice staff or nominated deputy who must also be a permanent staff member</p>

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<ul style="list-style-type: none"> It is the locum GP's responsibility to arrange access to prescriptions on behalf of the senior partner of each surgery that they work for. The locum GP's details (at least the name) should be listed on the prescription, so that the name of the doctor matches the signature Locum GPs should also keep a record of the prescription pads used and in their possession and separate records should be kept for each surgery (see appendix 2) 	<p>To prevent theft, fraud or loss of prescription forms</p>	<p>Locum GP</p>
<ul style="list-style-type: none"> Surgeries <u>must</u> keep a record of prescription forms/pads issued to locums Details to be recorded are outlined in appendix 2 of this document 	<p>To ensure robust audit trail and prevent theft, fraud or loss of prescription forms</p>	<p>Practice Manager or delegated permanent member of practice staff</p>
<p>7. Storage of Prescriptions/ Stamps</p>		
<ul style="list-style-type: none"> Stocks of prescription forms should be kept in a secure room with access limited to those who are responsible for prescription forms. Security measures should include windows barred with metal security grilles and doors equipped with appropriate security locks. Keys or access rights for any secure area should be strictly controlled. Patients, temporary staff and visitors should never be left alone with prescription forms or allowed into secure areas where forms are stored It is advisable to hold minimum stocks of prescription stationery 	<p>To aid security</p> <p>This deters criminals from targeting GP practices and reduces the number of forms vulnerable to theft</p>	<p>All prescribers and all practice staff who are involved in the handling of prescriptions</p>
<ul style="list-style-type: none"> Single sheet prescription forms, used in printers, should be afforded the same security controls as prescription pads. It is not advisable to leave single sheet prescription forms in printer trays when not in use or overnight 	<p>Single sheet prescription forms are acceptable in handwritten form and this makes them a target for theft and fraud</p>	<p>All prescribers and all practice staff who are involved in the handling of prescriptions</p>
<ul style="list-style-type: none"> Doctors' and surgery stamps should be kept in a secure location separate from prescription forms and to the same standard of security as prescription forms. 	<p>It is more difficult to detect a stolen prescription form that has been stamped with a genuine stamp</p>	<p>All prescribers and all practice staff who are involved in the handling of prescriptions</p>
<ul style="list-style-type: none"> Where completed/signed acute or repeat prescriptions are held in reception during the day (under supervision) they must be locked away out of hours. Ideally they should also be inaccessible during the day. 	<p>To prevent theft and to ensure access is only available to authorised staff</p>	<p>All prescribers and all practice staff who are involved in the handling of prescriptions</p>

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8. Distribution within Practice		
<ul style="list-style-type: none"> Prescribers are responsible for the security of forms once issued to them, and should ensure they are locked away when not in use When making home visits prescribers should take suitable precautions to prevent the loss or theft of forms, such as carrying them in unidentifiable lockable carrying cases and not leaving them on view in a vehicle Prescribers should keep the prescription forms on their person at all times, if in exceptional circumstances prescription forms have to be left in a vehicle, they should be stored in a lockable compartment and the vehicle fitted with an alarm. Prescribers on home visits should record the serial number of any prescription forms/pads they are carrying and only carry a small number The same precautions will also be relevant when prescribers visit care homes. Blank prescription forms must never be left in a care home. Cabinets for the storage of controlled drugs in care homes cannot be used for storing prescription pads. 	<p>To maintain security and deter offenders</p> <p>Specific recommendation within the new guidance</p>	<p>Prescribers</p>
<ul style="list-style-type: none"> Refer to section 6 and appendix 2, for details to be recorded, when distributing prescription pads/forms to locum GPs 	<p>To ensure robust audit trail</p>	<p>Practice Manager or delegated permanent member of practice staff</p>
9. Using Prescription Forms		
<ul style="list-style-type: none"> Prescribers should keep a record of the serial number of prescription forms issued to them. The first and last serial number should be recorded. It is also good practice to record the number of the remaining prescription forms in an in-use pad at the end of the working day Blank prescriptions should never be pre-signed. Where possible, all unused forms should be returned to stock at the end of the session or day Prescribers must ensure they comply with the relevant legal requirements when writing prescriptions for CDs 	<p>This will help to immediately identify any prescriptions lost or stolen</p> <p>Prescriptions are less likely to be stolen from locked cupboards</p>	<p>All prescribers and all practice staff who are involved in the handling of prescriptions</p>

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<ul style="list-style-type: none"> If an error is made in a prescription, best practice is for the prescriber to do one of the following: <ul style="list-style-type: none"> (1) put a line through the script and write 'spoiled' on the form (2) cross out the error, initial and date the error, then write the correct information (3) destroy the form (ie shred) and start writing a new prescription. Where prescriptions are written correctly but later found to be surplus to requirements a record should be made and then securely destroyed ie via shredding and disposal via confidential waste. This should be witnessed by another member of staff. The destruction record should include serial numbers and be retained for a minimum period of eighteen months. 	<p>Ensure security systems are effective</p>	<p>All prescribers and all practice staff who are involved in the handling of prescriptions</p>
<p>10. Security of Computer Systems</p>		
<ul style="list-style-type: none"> When the printers are being replaced or if there is concern over existing arrangements, consideration should be given to fitting a secure device to the printer to prevent theft of prescription forms from printer trays Alternatively the printer should be in a secure part of the surgery, away from areas where the patient has access Practices should clearly define which staff have access to the system and which staff have access to the functions that generate prescriptions All staff with access to the computer system must have an individual password, known only to the individual concerned Each member of staff is liable for all medicines ordered in their name Computer systems must have a screen saver facility so that access can be denied and details prevented from being read when the user is away from the desk for a specified period 	<p>To maintain security and deter offenders</p>	<p>Practice Manager in conjunction with GPs</p>
<p>11. Audit Trail</p>		
<ul style="list-style-type: none"> There must be an audit trail for prescription forms, so that surgeries know the serial numbers of forms they have received and which have been issued to each prescriber If a prescriber leaves the surgery, systems should be in place to recover all unused prescription forms 	<p>So that no further prescriptions can be issued bearing the details of the prescriber in question</p>	<p>Practice Manager or delegated permanent member of practice staff</p>

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<ul style="list-style-type: none"> • In the case of a prescriber leaving and significant numbers of prescriptions requiring destruction these should be returned to COM using SRCL Courier Service to be destroyed in a secure manner. • COM will amend the database of authorised practice prescribers. • The surgery must ensure that all systems are auditable and allow the history of a prescription to be traced from receipt of the blank form to when it is prescribed or destroyed. 		Practice Manager or delegated permanent member of practice staff
12. Actions to be Taken in the Event of Theft or Loss of Prescription Forms		
<ul style="list-style-type: none"> • Incidents involving the loss, theft or misuse of prescription forms must be reported immediately to the Head of Medicines Management via the Administration Team on tel. 0151 643 5319. • Outside office hours Merseyside Police should be contacted directly on 0151 777 5856 • All details of the incident should be recorded on the Missing/Lost/Stolen NHS Prescription Form(s) Notification Form found in appendix 3 of this document. • An incident form must also be completed and recorded in line with the practice procedure • The Head of Medicines Management will liaise with the police, the LSMS and the Local Counter Fraud Specialist (LCFS) and report the incident to COM • COM will fax an alert to all pharmacies alerting them of the incident, and informing them that the prescriber will write all prescription forms in a particular colour for a period of two months • The LSMS will undertake an investigation or if unavailable the Head of Medicines Management will make appropriate arrangements 	<p>Prompt reporting of incidents will minimise any resulting damage or loss.</p> <p>Immediate investigation of incidents can lead to valuable information that will assist in reducing future incidents and assist in recovery of drugs obtained unlawfully.</p>	The prescriber and designated staff member
<ul style="list-style-type: none"> • The LSMS or the LCFS may take charge of the investigation under the direction of the Head of Medicines Management • The NHS Security Management Services also operate a national alert system to the LSMS and LCFS to tackle crime by offenders who try to evade detection by traveling around the country or between countries • The investigation will review any weaknesses or failures that have allowed the incident to occur 	To coordinate and disseminate intelligence about offenders who target more than one locality	

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Training

Specialist competencies or qualifications	Appropriately trained in this SOP
Continuing education & training	Update on SOP when SOP is reviewed
Risk Assessments	Loss or Theft of Prescription Forms

Organisation	NHS Wirral
Department (If applicable)	GP Practices

Standard Operating Procedure Developed By

Pharmacist	Name: Helen Dingle Position: Prescribing Adviser Signature: _____ Date: _____
Practice Lead	Name: _____ Position: _____ Signature: _____ Date: _____

Authorisation

Lead Pharmacist	Name: Julia Simms Position: Head of Medicines Management Signature: _____ Date: _____
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Standard Operating Procedure (SOP) peer reviewed by:-

Forum	Wirral Area Prescribing Committee, NHS Wirral
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Individual Authorisation

Staff named below based at..... GP Practice

I have read and understood the Standard Operating Procedure and agree to handle medicines in accordance with this procedure.

Name of Employee	Signature	Authorising Manager	Date

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APPENDIX 1

Examples of good practice already in use by NHS health bodies

Prescription log sheet

Computer Prescriptions or Handwritten Prescriptions

(Please note separate forms should be used for computer or handwritten prescriptions)

Date ordered	Ordered by (initials)	Method of order	Prescriber Name	Amount ordered (including order no.)	Date received	Amount received	Received by (initials)	Serial numbers (if a pad, then first and last)	Stored by (initials)	Date taken for use	Taken by (initials)	Given to: prescriber / location

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APPENDIX 2

Examples of good practice already in use by NHS health bodies

Prescription log sheet

Locum Handwritten prescriptions

Dr Locum

Date of use	Taken by: (initials)	Given to: (GP locum name)	Session details	Name of practitioner on form	Number of prescriptions	Serial numbers issued	Serial numbers returned

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APPENDIX 3

Missing/lost/stolen NHS prescription form(s) notification form

GP Practice:	Date reported:																																													
Contact name:	Contact telephone number:																																													
Contact Address:																																														
The following numbered NHS prescription forms have been identified to us as lost or stolen:																																														
Date of theft/loss:																																														
Name of person completing form (GP, Practice Manager, Nurse, Medicines Management Team)																																														
Telephone number of person completing form																																														
Full details of theft/loss (please fill in details below)																																														
Include the following information: <ul style="list-style-type: none"> • date and time of loss/theft • date and time of reporting loss/theft • place where loss/theft occurred • type of prescription stationery • serial numbers • quantity 																																														
Details of doctor/department/dentist/nurse, etc. from whom prescription form(s) have been stolen or lost																																														
Name																																														
Personal dispensing or identification code / number																																														
Address																																														
Serial number(s) lost or stolen																																														
From	To																																													
Details of NHS prescription form type lost or stolen (tick appropriate box)																																														
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Issue</th> <th style="text-align: center;">Colour</th> <th style="text-align: center;">Please indicate type lost/stolen</th> </tr> </thead> <tbody> <tr><td>FP10NC</td><td style="text-align: center;">Green</td><td></td></tr> <tr><td>FP10HNC</td><td style="text-align: center;">Green</td><td></td></tr> <tr><td>FP10SS</td><td style="text-align: center;">Green</td><td></td></tr> <tr><td>FP10MDAS</td><td style="text-align: center;">Blue</td><td></td></tr> <tr><td>FP10HMDAS</td><td style="text-align: center;">Blue</td><td></td></tr> <tr><td>FP10MDASP</td><td style="text-align: center;">Blue</td><td></td></tr> <tr><td>FP10MDASS</td><td style="text-align: center;">Blue</td><td></td></tr> <tr><td>FP10PN</td><td style="text-align: center;">Lilac</td><td></td></tr> <tr><td>FP10CN</td><td style="text-align: center;">Lilac</td><td></td></tr> <tr><td>FP10SP</td><td style="text-align: center;">Lilac</td><td></td></tr> <tr><td>FP10P</td><td style="text-align: center;">Lilac</td><td></td></tr> <tr><td>FP10D</td><td style="text-align: center;">Yellow</td><td></td></tr> <tr><td>FP10PCDSS</td><td style="text-align: center;">Pink</td><td></td></tr> <tr><td>FP10PCDNC</td><td style="text-align: center;">Pink</td><td></td></tr> </tbody> </table>	Issue	Colour	Please indicate type lost/stolen	FP10NC	Green		FP10HNC	Green		FP10SS	Green		FP10MDAS	Blue		FP10HMDAS	Blue		FP10MDASP	Blue		FP10MDASS	Blue		FP10PN	Lilac		FP10CN	Lilac		FP10SP	Lilac		FP10P	Lilac		FP10D	Yellow		FP10PCDSS	Pink		FP10PCDNC	Pink	
Issue	Colour	Please indicate type lost/stolen																																												
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FP10PN	Lilac																																													
FP10CN	Lilac																																													
FP10SP	Lilac																																													
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FP10PCDNC	Pink																																													

* updated current forms in use October 2006

Ratification Date: February 2012

Expiry Date: Two years for ratification date Page 12 of 13 Safe Handling of Prescription Forms in GP Practice

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	YES	NO
Has this incident been reported to the police? (During office hours this is the responsibility of the Medicines Management Team)		
Name and police station of investigating police officer (please fill in details below)		
Medicines Management Team to Complete	YES	NO
Has an alert and warning been issued to all local pharmacies and GP surgeries within the area? (please tick box) Medicines Management Team will inform COM		
Has a PCT incident form been completed and returned to Governance? Medicines Management Team to action if necessary		
Please give details of any ink change or security measures and the effective dates of these measures (please fill in details below)		
Name:		
Position:		
Signed:		
Dated:		

Outside Normal Office Hours

Email completed form to prescriptions@cfsms.nhs.uk and cc julia.simms@wirral.nhs.uk

Within Office Hours

Medicines Management Team to email completed form to the following:

1. prescriptions@cfsms.nhs.uk
2. The Head of Medicines Management who is also the Accountable Officer for Controlled Drugs
julia.simms@wirral.nhs.uk
3. The LSMS philip.davies@wirralct.nhs.uk
4. The CD Support Manager such that the details can be shared with the Local Intelligence Sharing Network
joanne.bradburn@wirral.nhs.uk

The form should then be filed electronically and as a hard copy by year in the designated files